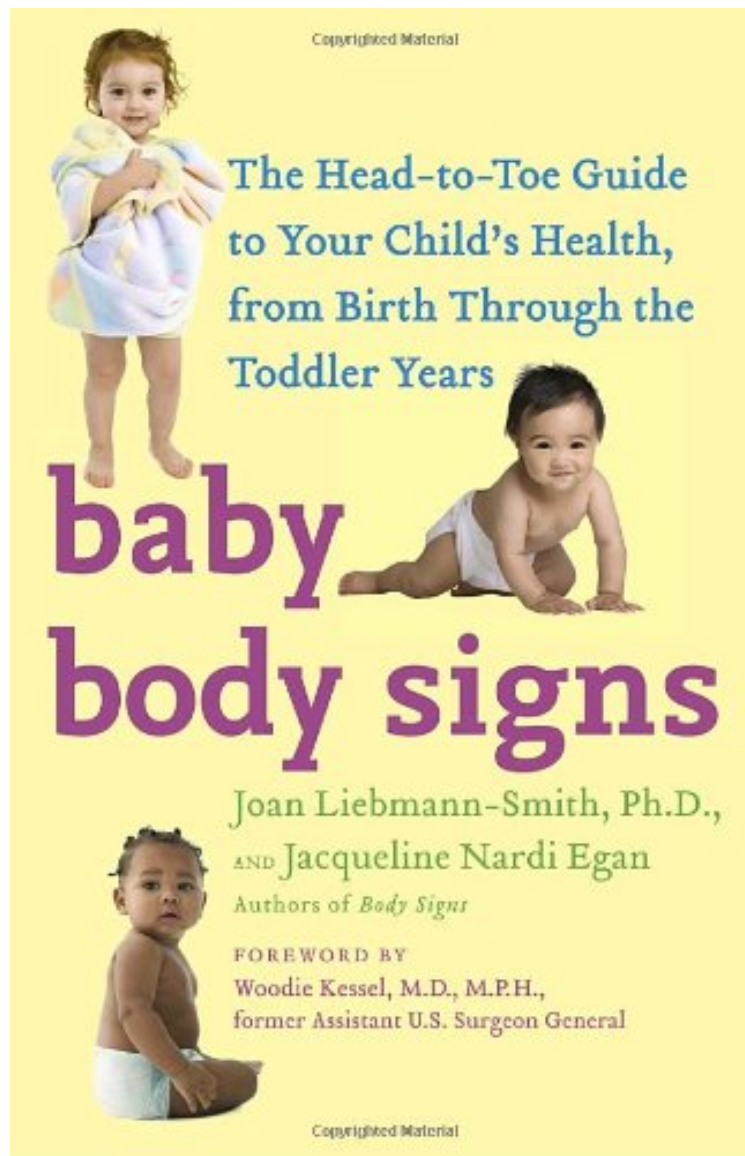


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Baby Body Signs: The Head-to-Toe Guide to Your Child's Health, from Birth Through the Toddler Years

Joan Liebmann-Smith, Jacqueline Egan

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Joan Liebmann-Smith, Jacqueline Egan : **Baby Body Signs: The Head-to-Toe Guide to Your Child's Health, from Birth Through the Toddler Years** before purchasing it in order to gage whether or not it would be worth my time, and all praised Baby Body Signs: The Head-to-Toe Guide to Your Child's Health, from Birth Through the Toddler Years:

1 of 1 people found the following review helpful. Ms. Spock!By justonemorethingThis is an excellent comprehensive reference for all things baby. Authors are experts in their field and the breezy writing style makes it easy to understand what is going on with babies. I'm stocking up to give to my friends who are expecting. Really awesome book.

From blue birthmarks to bulging belly buttons, dimpled ears to double eyelashes, this indispensable guide will teach you how to interpret the body signs that are important clues to your babys health. Like most parents, you probably noticeand often worry aboutevery little change in your growing baby. Why is one of his pupils bigger than the other? Whats that bald spot on her head? Why is he walking on tippy toes? Drawn from the latest research and reviewed by a panel of pediatricians and other medical experts, Baby Body Signs will answer these and other troubling questions. Youll also learn when snoring is normal and when its a sign of sleep apnea what type of freckles may signal a rare genetic disorder how a simple baby photo can help uncover an eye tumor when swollen breasts in babies are a sign of a hormonal problem Baby Body Signs will help you decide when to call the pediatrician and when to relax and stop worrying. Whats more, its packed with fascinating facts about child healthfrom how in medieval Europe babies were expected to talk when they had all their teeth to the fact that the ears are the first part of the body to reach full size. As entertaining as it is informative, this is the book youll want to keep close at hand throughout your babys infancy and toddler years.

This is one of the most useful baby books my wife and I have come across, and it often cuts right to the chase of whats serious and whats not. As new parents, we find ourselves asking exactly the kinds of questions this book answers. In many situations, unnecessary long hours in doctors office waiting rooms, long holds to speak to nurse advice call-in lines, misinformation gathered from Internet searches, and serious conditions going undiagnosed could be avoided if all parents had a copy of this book on their shelf.- Neil Shulman, M.D., associate professor, Emory University School of Medicine; co-author of Your Bodys Red Light Warning SignalsThis is a reassuring and comprehensive resource for new parents who want to gain a better understanding of normal and abnormal baby characteristics.- Jennifer Wider, M.D., author of The New Moms Survival GuideBaby Body Signs is the antidote for the anxiety parents suffer when they notice some-thing unusual about their baby and then worry until their next doctor visit. It is well written and contains a wealth of information not found in other parenting books. It will be an excellent addition to any parents library.- Jeffrey L. Brown, M.D., F.A.A.P., clinical professor of pediatrics, New York Medical College; author of The Complete Parents Guide to Telephone MedicineAbout the AuthorJoan Liebmann-Smith, PhD is a medical sociologist and award-winning medical writer. Her articles have appeared in American Health, Ms., Newsweek, Redbook, Self, and Vogue, and she has appeared on numerous television talk shows, including The Oprah Winfrey Show and The Today Show. She has a daughter, Rebecca, a cat, Fazelnut, and lives with her husband, Richardalso a writerin New York City.Jacqueline Nardi Egan is a medical journalist who specializes in developing and writing educational programs with and for physicians, allied health professionals, patients, and consumers. She is also a former medical editor of Family Health magazine. She has a daughter, Elizabeth, two dogs, Coco and Abby, and divides her time between Darien, Connecticut, and Sag Harbor, New York.Excerpt. Reprinted by permission. All rights reserved.Chapter OneYOUR BABYS HEADWynken and Blynken are two little eyesAnd Nod is a little headAnd the wooden shoeThat sailed the skiesIs a wee ones trundle bed.Eugene Field,Wynken, Blynken, and NodThe top of the head is usually the first part of a newborns body to greet his or her parents. Next comes the face, which new parents tend to carefully scrutinize, seeking signs of familiar family traits. But a babys head looms large not only emotionally but physically as well. Indeed, a normal newborns head is disproportionately large compared to the rest of his or her body, taking up about of the bodys length.An infants head is a remarkable piece of anatomy. The skull of the average baby is made up of 7 separate soft, pliable bones called head plates, which fit together like a jigsaw puzzle and are connected by fibrous membranes called cranial or skull sutures. There are spaces between the bones where the sutures intersect, which are medically known as fontanelles (also spelled fontanels), and more commonly called soft spots.A newborn baby has 6 of these soft spots, located at the top, sides, and back of the head, but only 2 are noticeablea large diamond-shaped one at the top of the head (anterior fontanelle) and a tiny triangular one at the back of the head (posterior fontanelle).Both skull sutures and fontanelles play critical roles during pregnancy and after birth. During pregnancy they expand, allowing the babys developing skull to grow. They also give the babys skull the necessary flexibility to make the sometimes treacherous journey headfirst through the mothers narrow birth canal. Then, after the infant is born, they enable the skull to expand to make room for the babys rapidly growing brain. Finally, the membranes covering the fontanelles protect the vulnerable brain.Many parents worry needlessly about touching their babies soft spots because they believe these spots are very delicate and that their babies brains are prone to injury. But the membranes covering a babys fontanelles are, in fact, extremely tough and quite impenetrable. And underneath the soft spots, fluid surrounds and protects the brain.The size of a babys soft spots and when they close vary tremendously. On average the one on the back of the head (posterior) is smaller usually less than inch wideand it typically closes when the baby is between 1 and 2 months old. The fontanelle on top of the head (anterior) is about 1 inch wide, and it tends to close between the ages of 7 and 19 months. Interestingly, this fontanelle sometimes increases in size during

the first few months. The fontanelles of boys tend to close before those of girls.

Bulging Soft SpotsQ: Our babys soft spot on the top of her head sometimes bulges out. Should we worry?A: Its not unusual for a babys soft spots to bulge when he or she is lying down, crying, or vomiting, but when the baby is picked up and calmed down, the bulging should disappear. If your baby has a soft spot that always bulges, it may be a warning sign of several serious conditions. For example, a bulging soft spot can signal an excess intake of vitamin A. Other signs of vitamin A excess may include drowsiness and vomiting. A bulging fontanelle can also be a warning sign of increased pressure in the babys brain from infections such as meningitis, encephalitis, or even Lyme disease. Or it may signal an endocrine, metabolic, or cardiovascular disorder; a brain tumor; or hydrocephalus, which is more commonly called water on the brain (see Large Soft Spots and A Large Head, below). Although a baby with these conditions is likely to have other more serious signs, its still important to report a bulging soft spot to your babys doctor as soon as possible.

Sunken Soft SpotsQ: I heard that if your babys soft spots are sunken, you should bring him to the emergency room. Is that true?A: Not always. Sunken fontanelles may be totally normal and nothing to worry about. But they can also be a danger sign of serious dehydration, especially in a baby who has, or recently had, diarrhea and/or vomiting. Other signs of dehydration include sunken eyes, lack of skin elasticity, decreased urine output, and lethargy. Dehydration in a baby is life-threatening and requires emergency treatment.

An Extra Soft SpotQ: Our infant son seems to have 3 soft spots. Is this normal?A: As mentioned earlier, only 2 of a babys 6 fontanelles are usually apparent. If you notice a third one between the one on top and the one on the back of the head, it may signal hypothyroidism (see Large Soft Spots, below), which, if untreated, can lead to growth retardation, mental disability, and other serious medical problems. The good news is that hypothyroidism, which used to be a major cause of mental retardation, is easily treated when caught early. Its normally detected by the heel prick blood test thats done routinely just after birth. A third fontanelle is also sometimes found in infants with Down syndrome, but other more noticeable and recognizable facial signs are usually present with this genetic disorder.

Large Soft SpotsQ: The soft spot on the top of my daughters head is much larger than the spots were on my other kids heads. What does this mean?A: If your baby seems to have a soft spot that looks excessively wide, it may be nothing more than a residual reminder that she was born prematurely, had a low birth weight, or was small for her gestational age. But enlarged fontanelles can also indicate the delayed closure of the skull bones, which may be an early warning sign of a number of serious disorders including hypothyroidism (see An Extra Soft Spot, above) and rickets. Rickets, a bone disease caused by vitamin D and calcium deficiencies, can cause growth retardation, soft bones, and bowlegs (see Chapter 7). Both nutritional conditions are medically treatable. Large soft spots can be a warning sign of another bone disease, osteogenesis imperfecta, aka brittle bone syndrome (see Chapter 7). This genetic condition often results in multiple bone fractures in babies and small children. Other early signs may include blue or gray sclera (whites of the eyes), discolored teeth, and easy bruising. Although brittle bone disease is not curable, there are effective treatments for it, including medication, physical therapy, and sometimes surgery. A wide soft spot sometimes signals hydrocephalus (see Bulging Soft Spots, above, and A Large Head, below). Although many babies with this condition also have enlarged heads, its not always the case. Hydrocephalus can be a very serious condition requiring immediate medical attention. Large soft spots can also be a sign of several genetic conditions, including Down syndrome and achondroplasia, which results in dwarfism as well as other head, facial, and body abnormalities. The signs of these genetic disorders are usually immediately apparent at birth or soon after.

Small or Missing Soft SpotsQ: I dont think our baby has any soft spots. Is that possible?A: If you cant feel your infants soft spots, or if theyre barely noticeable, it can be a sign that your babys head plates have fused prematurely. Medically known as craniosynostosis, this is a congenital disorder (present at birth). Although its cause is unknown, its thought to have a genetic component. A baby with craniosynostosis may also have a misshapen head (see Misshapen Heads in Older Babies, below) or a small head, referred to as microcephaly (see A Small Head, below). Craniosynostosis is potentially a very serious condition: When the skull sutures close prematurely, the brain doesnt have enough room to grow. As a result, the child can suffer from mental and/or developmental deficiencies, as well as eye and other serious disorders. Surgery is usually necessary to correct craniosynostosis.

SKULL SHAPES AND SIZESAn infants head has to be very flexible to make room for the babys rapidly growing brain. But the down side to having a malleable skull is that it can easily become misshapen. Indeed, misshapen heads, or skull deformations as theyre medically called, are extremely common in infants, affecting about 1 in 3. Babies can have any number of unusual head shapes. For example, some babies are born with cone-shaped heads, and others may have skulls that flatten during infancy. The shape and size of a babys head can be the result of some underlying genetic or other disorder, the birth process, or even environmental or other factors encountered during early infancy. Clearly, babies born with grossly distorted skulls have serious medical problems, but many atypical skull shapes and sizes are much more subtle and may or may not be cause for concern.

Cone-Shaped HeadQ: My husband and I are very upset because the top of our newborns head is more pointy than round. What does this mean, and will his head ever look normal?A: Many parents are dismayed to find that their newborns arrive into the world looking more like a member of the Conehead family, from the old Saturday Night Live skit, than a member of their own family. While often upsetting to the new parents, this type of skull deformation called molding is the most common one found in newborns. Molding is the result of the natural birth process, which forces a babys head through the cervix and out the vagina. It most frequently occurs in first births;

breech births; forceps- and vacuum-assisted births, when there is prolonged labor; and when the mothers uterus is small or otherwise abnormally shaped. The good news is that although your sons head may look weird or scary, its usually a benign, temporary state. In a few months his skull will likely take on a normal oval shape.

A Long, Narrow HeadQ: I know many babies are born with cone-shaped heads, but rather than being long from top to bottom, my grandsons skull seems elongated from front to back. Should we be concerned?**A:** If a babys head looks long and narrow when viewed from the top, it can be a sign of molding after birth (see Cone-Shaped Head, above), especially if he was born prematurely. A boat-shaped skull, as its sometimes described, is quite common in premature babies. Medically known as scaphocephaly (from the Greek word for small sailing vessel or rowboat) or dolichocephaly (from the Greek word for long), its often due to the recommended practice of placing premature babies on their stomachs (prone) to sleep rather than their backs (supine). While its considered dangerous for full-term babies to sleep on their stomachs (see A Flattened Head, below), the prone position is the safest for premature infants. A long, narrow head can also be a warning sign of craniosynostosis, the condition in which a babys skull plates fuse prematurely (see Small or Missing Soft Spots, above, and Misshapen Heads in Older Babies, below). In this case, surgical treatment is usually necessary.

A Flattened HeadQ: When we adopted our daughter at birth she had a perfectly shaped head, but now the back of her skull looks flat. What could have caused this and will it permanently affect her looks?**A:** A flattened head that develops after birth, as in your daughters case, is extremely common in infants. Medically known as plagiocephaly (aka flat-head syndrome), its most often a sign of prolonged external pressure on a babys head. The babys face may also have a slightly asymmetric or lopsided look, and you may notice bald spots on the flattened side of the head (see Chapter 2). While this may sound ominous, its usually a good sign that a baby is sleeping in the safest position on his or her back (supine). This type of flattening is medically categorized as positional molding or deformational plagiocephaly. Although the flattening usually affects only one side of the head, its sometimes seen on both. A flattened head can also be a telltale sign that a baby is spending too much time playing on his or her back or sitting in the same position in an infant carrier or car seat. In fact, by the time the average infant in the United States is 2 months old, he or she has spent more than 700 hours lying on a firm bed or other hard surface. If the flattening is due to an infants sleeping or sitting position, its most likely a benign, temporary condition. While it may be a cosmetic concern, the skull will usually regain its normal shape when the baby is more mobile in a few months. However, there are some instances when a flattened skull is cause for medical concern. If your babys head is flattened on one side and he or she also tends to tilt his or her head in that same direction (for example, when held upright or during sleep), it may signal torticollis or its more commonly known wryneck. Because babies with this condition usually sleep with their head on one side, this favored side of the head flattens. Interestingly, a flattened head can also cause wryneck. Its not always easy to tell which comes first, the flattened head or the wryneck. When a babys flattened head is related to wryneck or the flattening is extreme, a doctor may recommend physical therapy, or cranial orthotics. These skull-molding helmets are most effective when used between the ages of 4 and 12 months. Surgery is rarely, if ever, necessary.

Misshapen Heads in Older BabiesQ: I heard that if a babys head remains misshapen or flattened after 2 months, it can be a bad sign. Is that true?**A:** Unfortunately, in many cases this is true. When a babys head remains abnormally shaped for longer than a few months, it can be a sign of craniosynostosis, a potentially serious condition in which the head sutures fuse prematurely (See Small or Missing Soft Spots, above). The more sutures involved, the more serious the condition. When this happens, a babys growing brain pushes the skull out of shape. The resulting shape depends on which sutures, and how many, fuse too early. As mentioned previously, if the brain doesnt have enough room to grow properly, excess pressure can build up inside the babys skull, leading to mental and developmental retardation. The pressure can also build up in the eye orbit, causing permanent eye damage. Because of the potentially serious effects of craniosynostosis, surgery is usually necessary.

A Large HeadQ: I know babies are supposed to have large heads. But my babys head seems bigger than other babies heads. Does this mean theres something wrong with him?**A:** Babies have large heads in proportion to the rest of their bodies usually of the length of their bodies. In a healthy baby, the average head circumference is 13 to 14 inches, which is usually about equal to the circumference of the babys chest. A larger-than-normal head (above the 98th percentile) is referred to as macrocephaly. Large heads sometimes run in families, medically known as familial macrocephaly. This condition is usually nothing to worry about and doesnt require treatment.